



U.S. Senator John Cornyn

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PRIVACY FORM

I hereby authorize Senator John Cornyn to request on my behalf, pertinent to the Freedom of Information and Privacy Act of 1974, Title 5, Section 552A of the U.S. Code, access to information concerning me in the files of the following agencies

_____.

Additionally Senator Cornyn is authorized to see any materials that may be disclosed pertinent to that request.

NAME: _____
(Please Print)

ADDRESS: _____
(Street)

(City, State, Zip)

PHONE: _____ Alternate Phone: _____

SS #: _____ DATE OF BIRTH: _____

FEMA #: _____ DISASTER #: _____

Briefly describe your difficulty or write on a separate page.

SIGNATURE: _____ DATE: _____